



IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI  
PROBATE DIVISION

In the Estate:

Estate Number:

**ANNUAL REPORT OF GUARDIAN-CONSERVATOR**

1. State present residence address of ward: \_\_\_\_\_

Age of ward

2. State the type of home or facility where the ward lives: \_\_\_\_\_

3. During the last year, how many times have you seen the ward? \_\_\_\_\_

What was the date when you last saw the ward? \_\_\_\_\_

State the nature of your visits \_\_\_\_\_

4. If the ward is institutionalized, is there a plan for the ward's care, training or treatment? **YES or NO.**  
If so, do you agree with its provisions? **YES or NO.**

If not, explain what you disagree with: \_\_\_\_\_

5. When was the ward last seen by a physician? \_\_\_\_\_

What was the purpose of the visit? \_\_\_\_\_

6. Have you observed any major changes in the ward's physical or mental condition during the last year? **YES or NO.** If so, state your observations: \_\_\_\_\_

7. If you have been appointed limited guardian or conservator, should your powers be increased or decreased? \_\_\_\_\_

If so, in what respects and why? \_\_\_\_\_

8. In your opinion, should this guardianship still continue? **YES or NO.** If not, why? \_\_\_\_\_

9. What is your opinion of the present care being provided to the ward? \_\_\_\_\_

10. During the past 12 months, did you receive money for the ward from:

Social Security: \_\_\_\_\_ Yes If yes, how much \$ \_\_\_\_\_ No

SSI: \_\_\_\_\_ Yes If yes, how much \$ \_\_\_\_\_ No

Vet Admin (VA) \_\_\_\_\_ Yes If yes, how much \$ \_\_\_\_\_ No

Other : \_\_\_\_\_ Yes If yes, how much \$ \_\_\_\_\_ No

If Other, State source:

11. If you did not receive any money for the ward, was any money paid to anyone else for the ward's benefit? **YES or NO?** If so, state the source of the money and the name and address of the person receiving it:

\_\_\_\_\_

\_\_\_\_\_

12. Other than the monthly payments listed in Question 11, have you or anyone else receive any lump sum payments from any source listed above or from any other source? **YES or NO.** If so, state the date received, source, amount (or value) and the present location thereof:\_\_\_\_\_

\_\_\_\_\_

13. State the amount of the ward's money you have spent for the ward during the past 12 months and the purposes of the expenditures, unless Settlement is being filed:

\_\_\_\_\_

\_\_\_\_\_

14. State the total amount of money you presently have on hand for the ward?\_\_\_\_\_, and state the name and address of the depository where you keep an account for the ward's money:

\_\_\_\_\_

15. Does the ward have life insurance for burial expenses or a burial plan? **YES OR NO.** If so, state the name of the company and the amount of benefit: \_\_\_\_\_

\_\_\_\_\_

16. List the location and amount of all accounts from which the ward's money can be withdrawn only by Order of the Court (Restricted Accounts): \_\_\_\_\_

17. State the name and address of the bank where you keep an account for the ward's money (except accounts listed in paragraph 14 above):\_\_\_\_\_

\_\_\_\_\_

18. The ward's marital status is: \_\_\_\_\_

**The undersigned swears that the answers set forth above are true and correct to the best knowledge and belief of the undersigned, subject to the penalties of making a false affidavit or declaration.**

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Guardian and/or Conservator

Guardian and/or Conservator

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**\*PLEASE MAKE SURE YOU ANSWER EVERY QUESTION TO THE BEST OF YOUR KNOWLEDGE. IF ANSWER IS NOT APPLICABLE, THEN PLEASE PLACE N/A FOR THE QUESTION.**

**Boone County Probate Division  
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573-886-4090**